Application for Essential Community Provider Trust Fund Grant
Instructions for Completion
8-9-2006

The application for essential community provider trust fund grants can be found on the Executive Office of Health and Human Services (EOHHS) website at www.mass.gov/eohhs or the Division of Health Care Finance and Policy's (DHCFP) website at www.mass.gov/dhcfp. It should be completed by any hospital or community health center that believes it meets the criteria outlined in the grant cover letter (available online), which was mailed to each facility on August 9, 2006.

This application is an Excel worksheet that should be downloaded and completed by each applicant. The application should be completed in its entirety and e-mailed, as an attachment, to kevin.flynn@state.ma.us (and copied to david.urenas@state.ma.us) no later than 4:00 p.m. on Friday, August 25, 2006. **Please DO NOT change the form, since the data will be copied and pasted to a separate workbook for comparative analysis.**

Applicants SHOULD INPUT DATA ONLY IN THOSE CELLS THAT ARE BLUE (unless the instructions specifically request that the applicant provide additional data.)

Demographic data:
Enter the provider name and address in the labeled cells.

Contact information:
Enter the name, telephone number and e-mail address of the person whom staff should contact with any questions that may arise during the analysis of the application.

Provider FYE:
Enter the date of the provider's fiscal year end.

Grant request:
Indicate the type of grant for which you are applying:

A. Financially distressed provider
B. Essential provider.

BRIEFLY describe your grant request including how much you are seeking, the intended use of the funds, the timeline for the implementation of your grant project, and the outcome measures by which we can measure the success of the sponsored project.
DO NOT EXCEED THE SPACE ALLOTTED BY THE TEXT BOX IN THE APPLICATION.

All applicants should complete questions 1-11.

Line 1. Indicate whether or not physicians or other providers in your facility enter orders using a computerized system. (yes or no)

Line 2. If you answered "no" in line 1, indicate whether or not your facility will have a computerized system for order entry in place by December 31, 2008. (yes or no)

Line 3. Indicate if your facility has an electronic medical records system. (yes or no)

Line 4. If you answered "no" in line 3, indicate whether or not your facility will have an electronic medical records in place by December 31, 2008. (yes or no)

Line 5. Enter the percent of your clinical staff who can communicate in more than one language (e.g., 10%).

Line 6. Enter the percent of the patients that your facility serves are of racial or ethnic minority (e.g., 10%).

Line 7. Enter the percent of the population served by your facility that is non-English speaking e.g., 10%).

Line 8. Enter whether or not your facility provides smoking cessation counseling services. (yes or no)

Line 9. Enter whether or not your facility provides sexually transmitted disease counseling services. (yes or no)

Line 10. Enter the percent of your patient population that suffers from substance abuse or mental health disorders (e.g., 10%).

Line 11. Enter the percent of your patient population that is elderly, chronically ill or disabled (e.g., 20%).

Only acute hospitals should complete questions 12-14.

Line 12. Enter the percent of the time that your facility notifies a MassHealth member's Primary care physician of an emergency room visit (e.g., 75%).

Line 13. Enter the percent of your patient population that is referred to community-based services for non-emergent care pursuant to 114.6 CMR 12.00 (e.g., 5%).

Line 14. Enter your facility's market share in your primary service area. This should consider your facility's number of beds, the number of available beds in your service area, and your competitive position (e.g., 30%).

Only Community Health Centers should complete questions 15- 22.

Line 15. Indicate whether or not your facility has open scheduling to treats walk-in patients. (yes or no)

Line 16. Indicate the number of hours during the week that walk-in patients are seen (e.g., 16 hours).

Line 17. Indicate whether or not your facility has extended hours (before 9:00 a.m. and after 5:00 p.m.) Monday through Friday. (yes or no)

Line 18. Indicate the number of hours, from Monday through Friday, that your facility offers extended hours (e.g., 20 hours).

Line 19. Indicate whether or not your facility offers weekend hours. (yes or no)

Line 20. Indicate the number of hours that your facility is open on the weekend (e.g., 8 hours).

Line 21. Indicate whether or not your facility offers a program of all inclusive care for the elderly. (yes or no)

Line 22. Indicate whether or not your facility offers 24-hour emergency services. (yes or no)

All applicants should complete questions 23-24.

Line 23. Indicate whether or not your facility currently is in compliance with all filing requirements of the Division of Health Care Finance and Policy. (yes or no)

Line 24. Indicate any amounts that your facility received in fiscal 2005 and 2006 from the Distressed Provider Trust Fund.

Financial Data

All applicants should complete financial data items 25-48.

Each applicant must enter their financial data for quarter ended June 30, 2006. Balance Sheet financial data should be June 30 amounts. Operating statement data should include year-to-date numbers. The Division will use cost report data to complete the entries for the prior periods. Since the Division has not received FY 2005 data from all Community Health Centers, CHC's should complete the FY 2005 column, as well as the June 30, 2006, column. Hospitals will only need to complete the June 30, 2006, column.

Line 25. Cash and liquid investments: enter the amount of cash and cash equivalents (maturity of 90 days or less at acquisition).

Line 26. Board designated assets: enter the amount for assets that your facility's board of directors has limited the use of that would otherwise be available to fund current operations.

Line 27. Patient account receivable net of the allowance for doubtful accounts: enter the amount that represents amounts due and collectible form patients for services provided.

Line 28. Accumulated depreciation: enter the amount of depreciation that has been charged to expense for fixed assets according to your facility's depreciation policy. Exclude from this amount any amortization of assets that are not property plant or equipment.

Line 29. Total assets: enter the total asset amount from your balance sheet.

Line 30. Trade accounts payable: enter amounts due and payable to vendors that have provided goods and services to you.

Line 31. Total current liabilities: enter the total of liabilities due to be satisfied during the current operating cycle.

Line 32. Current portion of long term debt: enter the amount of long-term debt that will be paid in the current operating cycle.

Line 33. Long-term debt: enter the balance of long-term debt that is due in subsequent operating cycles.

Line 34. Unrestricted net assets: enter the total unrestricted net assets from your balance sheet.

Line 35. Temporarily restricted donations: enter the amount of temporarily restricted donations recorded for the reporting period.

Line 36. Permanently restricted donations: enter the amount of permanently restricted donations recorded for the reporting period.

Line 37. Net patient service revenue: enter amount of net patient revenue earned during the reporting period.

Line 38. Net operating revenue: enter the net revenue earned from operations for the reporting period.

Line 39. Total operating expenses: enter the total expenses charged to operations during the reporting period.

Line 40. Bad debt expense: enter the estimate of uncollectible revenue charged to expense during the reporting period.

Line 41. Interest expense: enter the total of interest on borrowed funds charged to operations during the reporting period.

Line 42. Depreciation: enter the amount of depreciation on property plant and equipment charged to operations during the reporting period.

Line 43. Amortization: enter the amount of amortization of long-term assets other than property plant and equipment charged to operations during the reporting period.

Line 44. Net income from operations: enter the difference of total operating revenue and total operating expenses for the reporting period.

Line 45. Unrestricted donations: enter the total unrestricted donations recorded for the reporting period.

Line 46. Expenditures for property plant and equipment: enter the amount expended for property plant and equipment for the reporting period.

Line 47. Other changes in unrestricted net assets: enter any other changes to unrestricted net assets recorded during the reporting period and describe in the appropriate line.

Line 48. Violations of Debt Covenants: indicate if your facility has been in technical default on any long-term debt at the end of any fiscal year from 2003 through 2005. (yes or no, and provide an explanation if you answer yes)

Payer Mix: All 4 columns should be completed by all applicants

Line 49. Gross patient service revenue: enter total gross patient service revenue for the requested periods.

Line 50. Medicare gross patient service revenue: enter total Medicare gross patient service revenue for the requested periods.

Line 51. Medicaid gross patient service revenue: enter total Medicaid gross patient service revenue for the requested periods.

Line 52. Gross receipts from the uncompensated care pool: enter the gross amount of receipts from the uncompensated care pool for the requested periods.

Line 53. For hospital applicants only: inpatient days; enter total inpatient days for the requested periods.

Line 54. Emergency Department visits: enter total emergency visits for the requested periods.

Line 55. CHC's only: CHC visits; enter total visits to the CHC for the requested periods.

Line 56. Has your facility filed Financial Statements with the Division for 2003 through 2005? Answer yes or no. If no, please submit a copy with your application.

Questions should be directed to Kevin Flynn at 617-988-3206 (after August 21, 2006) or David Urenas at 617-988-3207.